

**DOMESTIC VIOLENCE SUPPORTIVE SERVICES
Legal Services Invoice**

EXHIBIT D-2

CONTRACTOR NAME: _____
ADDRESS: _____

Select One:

- CalWORKs and GAIN Participants
 GR Participants
 GROW Participants

CONTRACT TYPE: _____
PERIOD OF PERFORMANCE
OF WORK BEING INVOICED: _____

CONTRACT NUMBER: _____
CONTRACT PERIOD: _____
SUPERVISORIAL DISTRICT: _____

TOTAL CONTRACT SUM: _____
BEGINNING BALANCE: _____

First Initial of Client's First Name	Year of Birth	DPSS CASE NUMBER	INTAKE DATE	LAST DATE RECEIVED SERVICE	EXIT DATE	FAMILY LAW	RESTRAINING ORDER	IMMIGRATION LAW	BENEFITS ACCESS ASSISTANCE/ ADVOCACY	OTHER LEGAL ASSISTANCE SERVICES	Translation Services	TOTAL			
Number of Service Units/Para Professional Rate Per Hour						#	\$ 80.00	#	\$ 80.00	#	\$ 80.00	#	\$ 80.00	#	Actual Cost
Number of Service Units/Attorney Rate Per Hour							\$ 130.00		\$ 130.00		\$ 130.00		\$ 130.00		Actual Cost
1												\$ -			
2	M	1980	12345CW	01/05/2012								\$ -			
				Para Professional		10	\$ 800.00					\$ 1,040.00			
				Licensed Attorney		1	\$ 130.00					\$ 130.00			
3	J	1975	98765CW	03/08/2012								\$ -			
				Para Professional								\$ -			
				Licensed Attorney					2	\$ 260.00		\$ 260.00			
								4	\$ 520.00			\$ 780.00			
4												\$ -			
				Para Professional								\$ -			
				Licensed Attorney								\$ -			
5												\$ -			
				Para Professional								\$ -			
				Licensed Attorney								\$ -			
6												\$ -			
				Para Professional								\$ -			
				Licensed Attorney								\$ -			
7												\$ -			
				Para Professional								\$ -			
				Licensed Attorney								\$ -			

SUB-TOTALS FOR THIS SERVICE PERIOD: _____ TOTAL INVOICE AMOUNT: _____

TOTAL YEAR-TO-DATE: _____ YTD CONTRACT BALANCE: _____

Contractor's Authorized Representative's Signature: _____ Date: _____

Have you incurred 75% of the contract amount? _____ Y or N

Person Completing this form: _____ Date: _____

Footnote:
indicates the number of service units per participant.
This # will be multiplied by the cost per service to

DPSS ONLY	APPROVED BY: _____ County Contract Administrator Date _____	APPROVED BY _____ Fiscal Management Branch Date _____
	Invoice Processed By: _____ Supervising County Contract Administrator Date _____	